



## UNITED STATES PATENT AND TRADEMARK OFFICE

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 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3676

SERIAL NUMBER 09/468,471	FILING DATE 12/21/1999 RULE	CLASS 422	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. THOX:0021--1
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## APPLICANTS

VINCENT DIVINO, JR., MISSION VIEJO, CA;  
 WILLIAM R. PATTERSON, IRVINE, CA;  
 JEFFREY L. CREECH, LOS ANGELES, CA;  
 STEPHEN E. MYRICK, TUSTIN, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CON OF 09/410,344 09/30/1999

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 01/28/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>John W. Smith</i>	Initials <i>John W. Smith</i>			

## ADDRESS

27405

## TITLE

METHOD OF FORMING GAS-ENRICHED FLUID

FILING FEE RECEIVED 590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 09/410,344 09/30/99 N 03/2

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 14	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Initials _____		Initials _____				

## ADDRESS

MICHAEL G FLETCHER  
FLETCHER YODER & VAN SOMEREN  
P O BOX 692289  
HOUSTON TX 77269-2289

Rendred

## TITLE

APPARATUS AND METHOD FOR BLOOD OXYGENATION

FILING FEE RECEIVED \$590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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